

Ownership matrix	RPP-27195
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1.0 PURPOSE AND SCOPE

The purpose of this document is to establish a roadmap for the implementation of the multiple requirements bases for Environmental, Safety, Health and Quality (ESH&Q) assessments activities within the scope and processes defined by the WRPS assessment program as contained in TFC-PLN-10. Further, this document defines the roles and responsibilities and describes the processes and methodologies required to implement the Washington River Protection Solutions, LLC (WRPS) Assessment program within the ESH&Q component organizations. Detailed information regarding each ESH&Q organization can be found in Attachments A through G.

2.0 ROLES AND RESPONSIBILITIES

Each Level 2 manager in the ESH&Q organization is expected to fulfill the role of “Responsible Manager,” as defined in TFC-ESHQ-AP-C-01, and assign and track organizational Management Observation program (MOP) performance.

The ESH&Q Project and Program manager fulfills the role of the Organizational Assessment coordinator, as defined in TFC-ESHQ-AP-C-01.

3.0 PROCESSES

3.1 Expectations

It is the expectation that each ESH&Q component organization: (4.1.6)

- Assess their management processes, identify and correct problems that hinder the organization from achieving its objectives, such that each program element identified in the appendices undergoes a review at least every three years, unless otherwise specified in Attachments A through G
- Apply assessments as one of the means for identifying areas needing correction and/or improvement
- Ensure assessments are completed in accordance with TFC-ESHQ-AP-C-01
- Apply assessments as a method to achieve continuous improvement and/or to identify barriers that hinder improved performance
- Include management as part of the assessment process.

3.2 General

Not every element of ESH&Q requires completion of specific evaluations of performance sufficient to demonstrate compliance. Where an evaluation is designated by internal or external criteria, the expectation is the evaluation be completed using the assessment process. Where no criteria for evaluation is identified, or a determination of compliance is not required, MOPs, Quality Surveillance Reports, or safety surveillances are adequate tools for demonstrating evaluations of performance.

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Where a specific periodicity is identified, it is expected the activity be performed consistent with that periodicity.

Where periodicity is listed as “periodic,” the default interpretation, unless stated otherwise is triennial (every 36 months) unless otherwise noted in Attachments A through G.

3.3 Technical Basis

Input into the Assessment Technical Basis will identify the program element being assessed and the basis for the assessment. (4.1.7)

3.4 Integrated Assessment Schedule

Input into the Integrated Assessment Schedule (IAS) will be made sufficient to ensure the requirement to assess all program elements at the minimum required periodicity required by this plan is included. (4.1.7)

3.5 Management Observation Program Performance

Each Level 2 manager in the ESH&Q organization will assign and monitor the performance of MOPs within their component organization, making assignments sufficient to ensure implementation of the program elements covered by procedure are observed.

3.6 Safety Management Program Presentations

Safety Management program (SMP) presentations to the Executive Safety Review Board (ESRB) are required by TFC-PLN-32 for all SMP programs. Within ESH&Q the SMP Presentation will be based on assessment activities, MOPs, CSR input, and reviews of Action Requests. Specific assessments performed to provide a basis or background for the presentation may be needed, but are a function of the elements being assessed. SMP presentations are expected to be reviewed by ESH&Q manager or the ESH&Q Project and Program manager prior to submittal to the ESRB secretary. (4.1.9)

4.0 SOURCES

4.1 Requirements

4.1.1 40 CFR 61, Subpart H, Appendix B, Method 114 – “Radionuclides - Stationary Sources.”

4.1.2 DOE O 151.1C “Comprehensive Emergency Management System.”

4.1.3 DOE O 470.4B “Safeguards and Security Program.”

4.1.4 HNF-5183, “Tank Farms Radiological Control Manual.”

4.1.5 HNF-MP-5184, “Washington River Protection Solutions, LLC Radiation Protection Program.”

4.1.6 TFC-PLN-02, “Quality Assurance Program Description.”

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- 4.1.7 TFC-PLN-10, "Assessment Program Plan."
- 4.1.8 TFC-PLN-13, "Fire Protection Program."
- 4.1.9 TFC-PLN-32, "Tank Operations Contractor Safety Management Programs."
- 4.1.10 TFC-PLN-79, "Safeguards and Security Management Plan."
- 4.1.11 TFC-PLN-85, "Emergency Management Program Plan"
- 4.1.12 TFC-PLN-123, "Integrated Environmental Management System Description."
- 4.1.13 TOC-IH-58435, "Industrial Hygiene Manual."

4.2 References

- 4.2.1 10 CFR 835.102, "Internal Audits."
- 4.2.2 DOE O 436, "Departmental Sustainability."
- 4.2.3 ISO 14001, "Environmental Management Systems—Requirements with Guidance for Use."
- 4.2.4 MSC-PRO-SEC-47997, "Site-Wide Safeguards and Security Self-Assessment Program."
- 4.2.5 MSC-PRO-SEC-50701, "Managing Safeguards and Security Deficiencies."
- 4.2.6 TFC-ESHQ-AP-C-01, "Required and Management-Directed Assessments."
- 4.2.7 TFC-ESHQ-AP-C-03, "Management Observation Program."
- 4.2.8 TFC-ESHQ-AP-CD-10, "Independent Assessments Guide."
- 4.2.9 TFC-ESHQ-EP-C-01, "Emergency Management."
- 4.2.10 TFC-ESHQ-EP-P-04, "Establishment and Surveillances of Emergency Management Resources."
- 4.2.11 TFC-ESHQ-Q_C-C-01, "Problem Evaluation Request."
- 4.2.12 TFC ESHQ-Q_C-C-03, "Control of Suspect/Counterfeit Items."
- 4.2.13 TFC-ESHQ-S_SAF-C-12, "Safety Inspections."
- 4.2.14 TFC-PLN-83, "Assurance System Program Description."

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ATTACHMENT A – QUALITY ASSURANCE

1.0 REQUIREMENTS AND RESPONSIBILITIES

This procedure integrates quality assurance processes into the ESH&Q Assessment process.

2.0 METHODOLOGY

Quality Assurance assessment activities are documented in one of four mechanisms:

1. Independent Assessment documented using the independent assessment process. (4.1.6)
2. Results of specifically required evaluations by procedure or external requirements are documented using the Assessment process
3. Informal management reviews and inspections are addressed by the MOP process
4. Quality Assurance Surveillances (QSRs) are used to regularly assess the adequacy and effective implementation of the Quality Assurance Program and can be used to monitor and evaluate work performed under our contract, including the work of subcontractors, to ensure work performance meets the applicable requirements.

3.0 PROGRAM APPLICATION

The Quality Assurance manager is responsible for:

- Providing annual input into the IAS for the scheduling of independent assessments and any management directed assessments deemed necessary.
- Directing the performance of MOPs
- Directing implementation of Independent assessments and QSRs per implementing procedures.

4.0 REQUIRED ASSESSMENT ELEMENTS

The following program elements reflect the recurring elements addressed by the assessment program and are included in the Assessment Technical Basis:

- Quality Assurance recurring assessments consist of a biennial assessment of suspect/counterfeit items driven by TFC-ESHQ-Q_C-C-03.
- Independent Assessments in accordance with TFC-ESHQ-AP-C-02. (4.1.6)

ATTACHMENT B - ENVIRONMENTAL

1.0 REQUIREMENTS

DOE O 436, "Departmental Sustainability," through reference to ISO 14001, requires WRPS to have a process in place for periodically evaluating compliance with applicable requirements. This is flowed down through TFC-PLN-123, resulting in assessments to periodically evaluate compliance with applicable legal requirements. (4.1.12)

In addition, an Environmental Management Systems (EMS) audit is required on a three year rotating schedule to ensure compliance with the requirements of ISO 14001.(4.1.12)

Each program element will be evaluated at least once in each three calendar year cycle.

2.0 METHODOLOGY

Environmental assessment activities are documented in one of four mechanisms:

1. Results of specifically required evaluations by procedure or external requirements are documented using the assessment process.
2. Informal management reviews and inspections are addressed by the MOP process.
3. The EMS triennial assessment required to demonstrate consistency with ISO-14001- is performed as an independent assessment by third party.
4. The review of elements of EMS done independently are generally performed by Quality Assurance using the QSR process.

3.0 PROGRAM APPLICATION

The triennial assessment schedule is supplemented by the performance of MOPs. The MOP activities conducted by the environmental organization are at a frequency and topical areas as directed by the WRPS Environmental manager.

4.0 ASSESSMENT PROGRAM ELEMENTS

The following program elements reflect the recurring elements addressed by the assessment program and are included in the Assessment Technical Basis (4.1.7):

- Environmental Toxic Substance Control Act (TSCA)
- Water Protection
- Environmental Management System (third party)
- Resource Conservation and Recovery Act (RCRA)

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ATTACHMENT B – ENVIRONMENTAL (cont.)

- Rad Air
- Environmental Stewardship
- Requirements Management
- Environmental - Emergency Planning and Community Right-to-Know Act Emergency Planning Community Right-to-Know Act (EPCRA)/Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA)
- Non Rad Air
- Method 114 Assessment of QA Program Plan (internal)(4.1.1)
- Method 114 Assessment of QA Program Plan (external)(QA) (4.1.12)

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ATTACHMENT C – RADIOLOGICAL CONTROLS

1.0 REQUIREMENTS

Internal triennial assessments are performed by WRPS to satisfy the requirements of 10 CFR 835.102 as flowed down through HNF-MP-5184(4.1.5):

“Internal assessments of the radiation protection program, including examination of program content and implementation, shall be conducted through a process that ensures that all functional elements are reviewed no less frequently than every 36 months.”

Due to the required 36-month periodicity, these assessments are also described within WRPS as Radiological Control (RadCon) “triennial assessments.”

2.0 PROGRAM APPLICATION

2.1 WRPS RadCon Managers

Each manager in the RadCon organization is responsible for conducting their scheduled monthly MOPs, and supporting other assigned assessments.

2.2 RadCon Interpretive Authority

The RadCon Interpretive Authority is responsible for collecting and analyzing MOPs, scheduled assessments, and performance indicator data and creating a quarterly report on the overall health of the program. (4.1.4)

2.3 Radiological Engineering Manager

The Radiological Engineering manager, working with the RadCon Interpretive Authority, is responsible for scheduling assessments that each company technical authority (CTA) is to perform on each assigned functional area(s) as required by the WRPS RadCon manager.

2.4 Project RadCon Managers

Each project manager in the RadCon organization is responsible for conducting their scheduled monthly MOPs and for supporting other assigned assessment activities. The Project RadCon managers will provide the resources needed to conduct scheduled assessment activities, including providing a facility point of contact (FPOC) and supervisor support as requested.

2.5 RadCon Supervisors

Each Supervisor in the RadCon organization is responsible for performing assigned MOP activities.

ATTACHMENT C – RADIOLOGICAL CONTROLS (cont.)**2.6 Company Technical Authorities**

The CTA in the RadCon organization is responsible for conducting an assessment of their assigned area(s) of responsibility within 12 months of initial assignment for a specified functional area, and to perform assessments of assigned functional areas as required by the WRPS RadCon manager thereafter.

The CTAs will perform monthly MOPs as scheduled, and support any additional assessment activity as directed by management.

2.7 Facility Points of Contact and Other Exempt Health Physics Staff

FPOC and other exempt Health Physics professionals in the RadCon organization are responsible for conducting MOPs as they are scheduled, as well as supporting any additional assessment activity as directed by management.

2.8 Subcontractor Oversight

WRPS Radiological Controls ensures the radiation protection program is effectively implemented by subcontractors performing work in and around the Tank Operations Contractor (TOC) facilities through implementation of the TFC-ESHQ-AP-C-03. To maintain compliance with 10 CFR 835 (4.1.5), all work subcontracted to WRPS must be performed following the approved WRPS Radiation Protection Program (4.1.5) and applicable implementing documents such as the Tank Farms Radiological Control Manual (4.1.4).

3.0 ACTION REQUEST INITIATION

When MOPs or assessments identify deficiencies, an Action Request must be initiated to document the issue. When the issue is determined to be a 10 CFR 835 non-compliance that is a repeat issue, this must be identified as part of the problem description.

4.0 RADCON MANAGEMENT OBSERVATION PROGRAM ACTIVITIES

The MOP activities conducted by the RadCon organization fall into 3 categories: Routine, Focused, and Walk Your Spaces. The frequency of these MOPs shall be as directed by the WRPS RadCon manager.

1. Routine MOPs are conducted on a regular basis. These assessments focus on established, standardized areas of performance monitoring such as conduct of emergency drills, conduct of radiological field work, posting and entry control, efficiency of contamination exit surveys, etc. Specific focus areas may be identified at management's discretion, and assigned by the responsible Project RadCon manager.

ATTACHMENT C – RADIOLOGICAL CONTROLS (cont.)

2. Focused MOPS are identified by RadCon management to evaluate areas or processes requiring a more specific, in-depth evaluation of performance. Lines of inquiry are typically provided for these MOPS, to ensure consistency and specificity in the area of focus.
3. Walk Your Spaces MOPs are performed on a regular basis, in order to allow supervisors and managers to be familiar with the spaces managed by WRPS and to evaluate the status radiological control performance in those spaces. General housekeeping, radiological posting status, vegetation growth, tumbleweed accumulation, and other factors as deemed appropriate by the RadCon manager will be documented. A checklist has been developed to aid in the performance of these MOPs.

5.0 ASSESSMENT PROGRAM ELEMENTS

The following program elements reflect the recurring elements addressed by the assessment program and are included in the Assessment Technical Basis. (4.1.7)

5.1 Triennial Elements

1. Subpart A General Provisions
2. Subpart B Management and Administrative Requirements
3. Subpart C Standards for Internal and External Exposure
4. Subpart E Monitoring of Individuals and Areas
5. Subpart F Entry Control Program
6. Subpart G Posting and Labeling
7. Subpart H Records
8. Subpart I Reports to Individuals
9. Subpart J Radiation Safety Training
10. Subpart K Design and Control
11. Subpart L Radioactive Contamination Control
12. Subpart M Sealed Radioactive Source Control
13. Subpart N Emergency Exposure Situations

5.2 CTA Functional Area Assessment Topics

1. Radioactive Source control
2. Radiation and Contamination surveys
3. Internal Dosimetry/Declared Pregnant Workers
4. Work Place Air Sampling
5. Release of Materials and Equipment
6. Routine Surveillance

ATTACHMENT C – RADIOLOGICAL CONTROLS (cont.)

7. Temporary Shielding
8. Radiologically Controlled Vehicles
9. Contamination Control
10. Posting and Labeling/Radioactive Material Areas (RMAs)/Fixed Contamination Areas (FCAs)
11. Tracking and Trending
12. Radcon Compliance and Regulatory/Contractual Requirements
13. Work Planning
14. Radiological Records
15. Radiological Shipments
16. RadCon Emergency Preparedness
17. Radiological Access Control System (RACS) and Entry Control
18. Fixed and Portable Instrumentation
19. Radiological Training
20. Area and Personnel Dosimetry
21. As Low as Reasonably Achievable (ALARA) Coordination Methods and Operational ALARA Practices
22. RadCon Self-Assessment
23. Other focused areas as deemed necessary by the WRPS RadCon manager

ATTACHMENT D – EMERGENCY PREPAREDNESS**1.0 REQUIREMENTS AND RESPONSIBILITIES**

(4.1.3, 4.1.10, 4.1.11)

Emergency Preparedness (EP) is a unique discipline, with assessments driven by the United States Department of Energy (DOE Richland Office) (DOE-RL) EP. These elements have different documentation criteria from most routine assessments.

EP assessments are managed on a quinquennial (5-year) schedule that addresses the program and the required program elements listed within TFC-ESHQ-EP-C-01.

2.0 METHODOLOGY

- Results of specifically required evaluations driven by procedure or external requirements are documented using the assessment process.
- Informal management reviews and inspections are addressed by the MOP process.
- Facility walkdowns are performed using WRPS General Purpose Facility and Tank Farm Change Trailer Surveillance checklists per TFC-ESHQ-EP-P-04.

3.0 PROGRAM APPLICATION**3.1 Manager, Emergency Preparedness**

- Participates in the development of the IAS, reviews and/or approves assessment plans and reports each year, as applicable.
- Reviews and evaluates/approves assessment scope, performance test plans, reports, findings and process improvements, and corrective action plans (CAPs).
- Validates closure of corrective actions/process improvements under their purview and update as required.

3.2 Emergency Management Assessment Team Leader

- Participates in the development of the IAS each year, as applicable. WRPS self-assessments will be conducted consistent with the requirements listed within TFC-ESHQ-EP-C-01.
- Completes web-based training course #350322, “Assessment Techniques.”
- Completes the qualification card for the “Assessment Team Leader,” course #350319.
- Ensures that individuals assigned to the assessment team are knowledgeable of the program, system, or process being assessed.
- Coordinates and performs the assessment in accordance with TFC-ESHQ-EP-C-01.

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ATTACHMENT D – EMERGENCY PREPAREDNESS (cont.)

- Complies with TFC-ESHQ-AP-C-01 requirements.
- Develops and/or approves assessment plans and reports.

3.3 Assessment Team Members

Completes the web-based training course # 350322, “Assessment Techniques.”

4.0 ASSESSMENT PROGRAM ELEMENTS

The program elements listed within TFC-ESHQ-EP-C-01 reflect the recurring elements addressed by the assessment program and are included in the Assessment Technical Basis: (4.1.7)

- Emergency Management assessments also include the annual drill program review. (4.1.11)

Collectively these assessments reflect the annual requirements for EP. Data from these assessments, drill reports, and MOPs are used as the basis for the annual SMP presentation to the ESRB. (4.1.9)
- If EP finding(s) are identified, prepare a memo/email requesting response from the responsible individuals on all findings by a date established by the Security and Emergency Services (SES) manager (usually 2 weeks). Ensure that the Action Request number and evidence for closure are identified.
- Provide EP self-assessment results to the Mission Support Alliance (MSA) emergency management administrator for entry into the emergency readiness assurance plan (ERAP) and tracking database, maintained and updated annually by DOE-RL.
- Findings and suggestions not determined to be official use only (OUO) are managed in the WRPS corrective action tracking system in accordance with TFC-ESHQ-Q_C-C-01. Issues and respective corrective actions are entered into the integrated Corrective Action Management system (iCAS) for tracking, resolution, and closure activities. OUO related issues/findings are tracked and coded (for trend evaluation purposes), but does not include (only references the location) OUO information.

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ATTACHMENT E – INDUSTRIAL SAFETY

1.0 REQUIREMENTS AND RESPONSIBILITIES

This procedure integrates general worksite safety and health inspections and assessment activities. All areas of the TOC are routinely inspected for general Occupational Safety & Health Administration (OSHA) compliance. Industrial safety assessment activities include those directed by TFC-PLN-13., (4.1.8, 4.1.9)

2.0 METHODOLOGY

These assessment activities are documented in one of 3 mechanisms:

1. Results of safety inspections are documented through the Safety and Health Field Surveillance database. The Safety and Health Field Surveillance database automatically logs the inspection results into the Integrated Document Management System (IDMS) for record retention. See TFC-ESHQ-S_SAF-C-12 for details on conducting Safety and Health Field Surveillances.
2. Results of specifically required evaluations by procedure or external requirements are documented using the Assessment process.
3. Informal management reviews and inspections are addressed by the MOP process.

3.0 PROGRAM APPLICATION

3.1 Safety Program Manager

The Safety Program manager is responsible for establishing MOP assessments and safety surveillance expectations and supporting other assigned activities.

3.2 Safety SMEs

Each SME will perform MOPs as directed, and support any additional assessment activity as needed.

4.0 ASSESSMENT PROGRAM ELEMENTS

The following program elements reflect the recurring elements addressed by the assessment program and are included in the Assessment Technical Basis:

- VPP
- Safety Programs in support of SMP
- Fire Protection in support of SMP Presentation
- Confined Space
- Fall Protection
- Electrical Safety(Triennial)
- Injury Illness Reporting/Recordkeeping.

ATTACHMENT F – INDUSTRIAL HYGIENE**1.0 REQUIREMENTS AND RESPONSIBILITIES**

This procedure integrates Industrial Hygiene (IH) program activities to be integrated into the assessment process. (4.1.13)

2.0 METHODOLOGY

These assessment activities are documented in one of 3 mechanisms: (4.1.7)

1. Results of field inspections are documented through the Safety and Health Field Surveillance database. The Safety and Health Field Surveillance database automatically logs the inspection results into IDMS for record retention. See TFC-ESHQ-S_SAF-C-12 for details on conducting Safety and Health Field Surveillances.
2. Results of specifically required evaluations by procedure or external requirements are documented using the Assessment process.
3. Informal management reviews and inspections are addressed by the MOP process.

3.0 PROGRAM APPLICATION**3.1 Industrial Hygiene Manager**

The IH manager is responsible for establishing MOPs and Safety Surveillance expectations and supporting other assigned activities including assessments.

3.2 Industrial Hygiene SMEs

Each SME will perform MOPs, Safety Surveillances, and any additional assessment activity as directed by the IH Program manager.

4.0 ASSESSMENT PROGRAM ELEMENTS

The following program elements reflect the recurring elements addressed by the assessment program and integrated into the Assessment Technical Basis. (4.1.7) These program elements, other than Beryllium and Respiratory, will be evaluated on a periodicity greater than 3 years based on input from the IH manager.

Required assessments.

- Asbestos.
- Beryllium program (triennial).
- Biological agents
- Carcinogen control.
- Ergonomics.
- Hazard communication.

ATTACHMENT F– INDUSTRIAL HYGIENE (cont.)

- Hearing conservation/noise.
- Heat stress/cold stress.
- Illumination.
- Indoor air quality.
- Instrumentation.
- Laser Safety.
- Lead.
- Respiratory protection (minimum annually).
- Silica

ATTACHMENT G - SAFEGUARDS AND SECURITY

1.0 REQUIREMENTS AND RESPONSIBILITIES

(4.1.2, 4.1.3, 4.1.11)

Safeguards and Security (SAS) is a unique discipline, with assessments driven by DOE-RL and Security elements. These elements have different documentation criteria than most routine assessments.

Security assessments consist of those elements not reviewed by MSA and are addressed in a single security assessment that integrates with MSC-PRO-SEC-47997, and MSC-PRO-SEC-50701.

Additionally an annual security assessment is performed as required by TFC-PLN-79.

2.0 METHODOLOGY

Results of the specifically required evaluations driven by procedure or external requirements are documented using the assessment process.

Informal management reviews and inspections are addressed by the MOP process.

3.0 PROGRAM APPLICATION

3.1 Manager, Security, and Emergency Services

- Participates in the development of the IAS, reviews and/or approves assessment plans and reports each year, as applicable.
- Reviews and evaluates/approves assessment scope, performance test plans, reports, findings and process improvements, and CAPs.
- Validates closure of corrective actions/process improvements under their purview and update as required.

3.2 Safeguards and Security Program Lead/Facility Security Officer, Assessment Team Leader

- Participates in the development of the ISA each year, as applicable. WRPS self-assessments will be conducted consistent with the centralized approach developed by and coordinated through MSA and will include the following Topical Areas:
 - Program Management (excluding Performance Assurance program)
 - Physical Protection - Access Controls only
 - Information Security - Basic Requirements (including the Official Use Only program) and Operations Security only

ATTACHMENT G - SAFEGUARDS AND SECURITY (cont.)

- Personnel Security - Access Authorization and SAS Awareness only
- Foreign Visits and Assignments.

Topical areas Protective Force and Materials Controls & Accountability will not be assessed.

- Ensures a copy of the report is sent to the MSA Self-Assessment and Oversight organization upon completion by email.
- Reviews, evaluates, and provides comments/observations to management as to the validity, accuracy, and/or general content within assessment reports, corrective actions, and validation of corrective actions.
- Ensures self-assessment findings, observations, and suggestions, identified as OOU, sensitive and external findings are forwarded to the MSA SAS CAM administrator for entry into Sensitive Issues Tracking System (SITS) for tracking. All SAS internal findings, observations, and suggestions identified as non-sensitive will be managed in iCAS.
- Validates corrective actions deemed closed by the subject matter experts (SMEs), gathers and maintains appropriate supporting validation paperwork.
- Completes web-based training course #350322, “Assessment Techniques.”
- Completes the qualification card for the “Assessment Team Leader,” course #350319.
- Ensures that individuals assigned to the assessment team are knowledgeable of the program, system, or process being assessed and are trained per this plan.
- Coordinates and performs the assessment in accordance with this plan.
- Develops and/or approves assessment plans and reports.
- Complies with TFC-ESHQ-AP-C-01 requirements.

3.3 Assessment Team Members

Completes the web-based training course # 350322, “Assessment Techniques.”

4.0 ASSESSMENT

4.1 Scheduling Assessment

The assessment approach addressing applicable topical/sub-topical elements, and timing for each assessment, are coordinated and completed consistent with the survey frequency established by the DOE.

ATTACHMENT G - SAFEGUARDS AND SECURITY (cont.)

- SAS program lead
 - Develops an assessment approach with approval by the Security and Emergency Services (SES) manager prior to the annual SAS Management Assessment.
 - Provides input to the SES manager, regarding SAS assessments for inclusion in the WRPS Assessment Schedule.

4.2 Preparing Procedures

The SAS program lead and/or assessment team leader:

- Evaluates elements selected for assessments against the specified applicable internal and external requirements.
- Coordinates procedures that are used as the basis for the assessment with the SES manager and other managers, as applicable to the scope of the assessment.
- When using a written procedure or previously prepared checklist, verifies that the revision being used is current for the time frame of the work being performed.

4.3 Conducting the Assessment

- The assessment team leader:
 - Develops and approves assessment plans
 - Verifies, by examination and evaluation, of objective evidence whether each checklist or procedural requirement is met
 - Ensures that conditions identified requiring prompt corrective actions are reported to the SES manager for further communication.
- The assessment team
 - Reports any condition requiring a prompt corrective action to the SAS program lead
 - Records/documents the results on a working copy of the checklist or procedures
 - Makes a copy of the noncompliant documents that may not be readily available later.

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ATTACHMENT G - SAFEGUARDS AND SECURITY (cont.)

4.4 Reporting Assessment Results

The assessment team leader (with input from team members):

- Discusses the assessment results with the SES manager (and SAS program lead if not involved with assessment)
- Reports to the SES manager any areas of recurring compliance issues
- If requested by the SES manager, schedules and conducts an assessment exit meeting
- Prepares a draft assessment report
- Forwards a draft assessment report to other organizations that may be affected by the results for factual accuracy
- Makes an immediate verbal notification to the SES manager followed by the DOE Office of River Protection (DOE-ORP) SAS point of contact with follow-up in writing when a significant finding is identified during an assessment, or if any topical/sub-topical survey element rates less than satisfactory, in accordance with applicable DOE requirements.

4.5 Finding Resolution

Findings and observations not determined to be OUO are managed in the WRPS corrective action tracking system in accordance with TFC-ESHQ-Q_C-C-01. Issues and respective corrective actions are entered into the iCAS for tracking, resolution, and closure activities. OUO related issues/findings are tracked and coded (for trend evaluation purposes), but does not include (only references the location) OUO information.

MSA uses the term “suggestions,” the WRPS assessment process uses the term “observations.” Although the two terms are different, the meaning is similar.

Findings. Represents a non-compliance with applicable requirements, regulations, ordinances, laws, approved documents (procedures, plans, and policies), permits, or agreements. Findings identified as OUO, sensitive, and external findings shall be tracked in the MSA SITS.

Observations. A condition or activity that represents an improvement opportunity, is not a condition adverse to quality, and is not a non-compliance with requirements.

Observations from self-assessments are documented but do not require a corrective action plan.

ATTACHMENT G - SAFEGUARDS AND SECURITY (cont.)

The assessment team leader (with input from team members)

- Documents findings and observations in the final assessment report by initiating Action Requests. Each individual finding or observation should have its own Action Request (as opposed to combining multiple findings or observations into one Action Request).
- Provides self-assessment findings, observations, and suggestions, identified as OUO, sensitive and external findings to the MSA CAM administrator for entry into the MSA SITS for tracking purposes. All SAS internal findings, observations, and suggestions identified as non-sensitive will be managed in iCAS.

4.6 Report Distribution

- The SAS assessment team leader:
 - Distributes copies of the final report to appropriate managers, SMEs, and the Assessment Program Coordinator and the MSA Self Assessment and Oversight organization upon completion
 - Prepares a memo/email requesting response from the responsible individuals on all findings by a date established by the SAS program lead (usually two weeks) if finding(s) are identified.
- The SAS program lead and SES manager:
 - Maintain validation support documentation for survey/audit purposes
 - Track corrective action due dates through iCAS
 - Schedule a second assessment, if necessary, for areas of significant noncompliance.

4.7 Reporting

The SAS program lead:

- Makes an immediate verbal notification to the SES manager followed by the DOE-ORP SAS point of contact with follow-up in writing when a significant finding is identified during an assessment or if any topical/sub-topical survey element rates less than satisfactory in accordance with applicable DOE requirements
 - Provides signature copies of the Assessment plan and Assessment report to the assessment program coordinator

ATTACHMENT G - SAFEGUARDS AND SECURITY (cont.)

- Ensures each report consists of a completed DOE F 470.8 form. Applicable sections of the form must include ratings for the topical and/or sub-topical areas covered by the self-assessment (DOE 470.8 can be found here)
- Ensures signatures of the report preparer and approver are affixed in the designated locations on the form along with the date.

5.0 ASSESSMENT PROGRAMS ELEMENTS

The following program elements reflect the recurring elements addressed by the assessment program and are included in the Assessment Technical Basis:

5.1 Program Management Operations

- Protection Program Management.
- Program Management and Administration.
- Resources and Budgeting.
- Personnel Development and Training.

5.2 Safeguards and Security Planning and Procedures

5.3 Management Control

- Surveys and Self-Assessment Programs.
- Resolution of findings.
- Incident Reporting and Management.

5.4 Program Wide Support

- Facility Approval & Registration of Activities.
- Foreign Ownership, Control, or Influence.
- Security Management in Contracting.

5.5 Physical Protection.

Access Controls.

5.6 Information Security.

- Basic Requirements.
- Operations Security (OPSEC).

ATTACHMENT G - SAFEGUARDS AND SECURITY (cont.)

5.8 Personnel Security

- Workplace Substance Abuse Program (WSAP).
- Access Authorizations.
- Safeguards and Security Awareness.

5.9 Foreign Visits and Assignments.

- Sponsor Program Management & Administration
- Counterintelligence Requirements
- Export Control/Technology Transfer Requirements
- Security Requirements
- Approvals and Reporting.

These assessments reflect the annual requirements for SAS. Data from these assessments, drill Reports, and MOPs are used as the basis for the annual SMP presentation to the ESRB.